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## APPLICANTS

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\*\* CONTINUING DATA *Name ZC*\*\* FOREIGN APPLICATIONS *Name ZC*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 11/06/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Yolanda Goss</i> Examiner's Signature	Initials			

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## TITLE

Detection and recovery from connection failure in an ATM switch

FILING FEE RECEIVED 1092	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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